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20786 7590 12/30/2008

**KING & SPALDING LLP**  
**1180 PEACHTREE STREET**  
**ATLANTA, GA 30309-3521**

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Susanne Hollinger

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/600,130

05/14/2001

Keith H.S. Campbell

10758.105003

8898

TITLE OF INVENTION: DOUBLE NUCLEAR TRANSFER METHOD AND RESULTS THEREOF

03/31/2009 MBELETE2 00000029 09600130

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1510.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	03/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERTOGLIO, VALARJE E	1632	800-024000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PPL Therapeutics (Scotland)

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Edinburgh, Great Britain

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0980 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Susanne Hollinger, Ph.D.

Registration No.

51,811

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**KING & SPALDING**

King & Spalding LLP  
1180 Peachtree Street, NE  
Atlanta, Georgia 30309-3521  
Tel: (404) 572-4600  
Fax: (404) 572-5100

www.kslaw.com

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**DATE: March 30, 2009 (4:45 PM)**

Recipient	Company	City/State	Telephone #	Fax #
ISSUE FEE	USPTO	Alexandria, VA		571 273 2885

**FROM:** Susanne Hollinger

7840

**Our Ref. #:** 10758.105003

**NUMBER OF PAGES (Including Cover Page):**

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Please check that all pages are received. In case of problems, please call **SUSANNE HOLLINGER** at 404-572-2485.

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